I. County of	ARIZON	A STATE BOA	ARD OF HEALTH
District of	BURRAU OF VI	TAL STATISTICS	State Index No. 78
Almaderal		FICATE OF BIRTH	County Registrar No.
Town of	Olliginant Centra		
or /			Local Registrar No. 55 95
City of	No	- Van 2 - Employellan criss	its NAME instead of street and number
(1)	birth occurred in a m	or institution. give) if child is not yet named, and
2. Full name of child	Planabett.	william	I supplemental report, as direct
	Twis triplet or oth	er 6. Legitimate?	10 /21/9
To be answered ONLY in event of plural		ا م مع	7. Date 12 31 32
births.	5. No., in order of bir	rth	Month day year
			MOTURE
8. PATHER	a		1 There was
Full name Marow Aubra	- March and	Full maiden name (1.1	da blevenger
Illum m mmin		ł <u>i</u>	
9. Residence	Handen	15. Residence	abode, Hayden, Wi
(Usual place of abode)		!!	, ,
If nearesident, give place and state	Tris.	If nonresident, give p	place and state
		16. Color or race	·
10. Color or face	U		
White	3 / //	Wato	17. Age at last Mrthday 30 (Yes
/ / / / / / / / / / / / / / / / / / /	TRORY (Years)		
ma		18. Birthplace (city or	Excelaior Spra
12. Birthplace (city or place)	Bur .	10. DECEMPENCE (CITY OF	Marian
(State or country)	Jem.	(State or country	
0-1-1-0-	7000 J	119. Occupation	11 000
13. Occupation Boiles	1	#	<i>7</i> ₩'
Nature of industry for the	w.	Nature of industry	
		1	
20. Number of children of this mother (a)	Bern slive and now !		precautions taken against aph-
(Taken as of time of birth of child herein (b)	Bern alive but now de	eadb	a necessiterum? Mes
certified and including this child.) (c)	Stillbern	<u> </u>	
CERTIFICAT	E OF ATTENDING	PHYSICIAN OR MIL	OWIFE*
I hereby certify that I attended the birth of th	is child, who was [2	owalwe_	at 6.32m, on the date above state
I Hereal served man y months and an an an an an	(Bot	rn alive o r stillbern)	~ ^
When there was no attending physician and		Q1 / > h	Mais Josh
*When there was no attending physician or midwife, then the father, householder, etc.,	Signature	TVA	
should make this return. A stillbern child is one that neither breathes nor shows other		Al.	(Physician or midwire)
evidences of life after birth.	Address	yay	un uny
liven name added from		5 1	15197 Jan 11
1 supplemental report Month, day, year.	Filed .cl		(a) I Local Registrar.
1)	1.	_ h_ h	12/2/ C/10/
1	Filed L	~ ^ 'Y <i>\</i>	I WALK I L T V T

162-1231-139